

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

091 11 257

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9		5				
10	1					
11		1				
12		1				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22	1					
23		1				
24		1				
25		1				
26	1					
27		4				
28		4				
29		4				
30		5				
31		5				
32		5				
33		5				
34	1					
35		1				
36		1				
37		1				
38		1				
39		4				
40	1					
41		1				
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.		25				
TOTAL CLAIMS	1	1				

	A		A		A	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 308-3831

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